



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6

1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

September 13, 2002

CRAIGS SPECIALISTS OF DALLAS LP
PO BOX 2509
GRAPEVINE, TX 76099
ATTN: KYLE VAN CLEVE, OWNER

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

CRAIGS SPECIALISTS OF DALLAS LP
4920 BEACH STREET
FORT WORTH, TX 76137

Your EPA Identification Number for this installation is:
TXR000032888

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.

A handwritten signature in dark ink, appearing to read "Charles Faultry".

Charles Faultry, Chief
RCRA Information Management Section

**MAIL THE
COMPLETED FORM**TO:
The Appropriate State or
EPA Regional Office.IHW 46231 0
United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

AUG 12 2002

Change of
ownershipReason for Submittal
See instructions on
page 23)

MARK CORRECT BOX(ES)

Reason for Submittal:

Registration and Reporting Section

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application.
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).
- ☐ As a component of the Hazardous Waste Report.

Site EPA ID Number
See instructions on page
4)

EPA ID Number: TXR 000 032 BBB

Site Name (See
instructions on page 24)

Name:

Craig's Specialists of Dallas, LP dba Craig's Collision Centers

Site Location
Information (See
instructions on page 24)

Street Address:

4920 Beach Street

City, Town, or Village:

Ft Worth

State:

TX

County Name:

Tarrant

Zip Code:

76137

Site Land Type (See
instructions on page 24)

Site Land Type:

- ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

North American Industry
Classification System
NAICS) Code(s) for the
Site (See instructions on
page 24)

A.

8112

B.

C.

D.

Site Mailing Address
See instructions on page
25)

Street or P. O. Box:

P.O. Box 2509

City, Town, or Village:

Grapevine

State:

Texas

Country:

USA

Zip Code:

76099

Site Contact Person (See
instructions on page 25)

First Name:

Kyle

MI:

Last Name:

VanCleve

Phone Number:

(817) 307-1887

Phone Number Extension:

Legal Owner and
Operator of the Site (See
instructions on pages 25 to
26)

A. Name of Site's Legal Owner:

VanCleve Investments, Inc.

Date Became Owner (mm/dd/yyyy):

3000

Owner Type:

- ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Operator:

Craig's Specialists of Dallas, LP

Date Became Operator (mm/dd/yyyy):

8/1/02

Operator Type:

- ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

5820-27-9

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.

5. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D006	D007	D008	D018	D022	D028
D039	D040	F003	F005			

AUG 12 2002
ID No. TXR0000032885

3. **Waste Codes for State-Regulated (i.e., non-federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

D001	D006	D007	D008	D018	D022	D028
D039	D040	F003	F005			

12. **Comments** (See instructions on page 31)

13. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>[Signature]</i>	Kyle Van Clee Manager of General Partner	08/02/02

313473 v.1 L

**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXR000032888

10/25/99

CRAIGS COLLISION HALTOM
500 EAST OHIO STREET
INDIANAPOLIS , IN 46204
TED MCCLINTIC VICE PRESIDENT

INSTALLATION ADDRESS

4920 BEACH STREET
FORT WORTH ,TX 76137

Read the Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 4010 of the Resource Conservation and Recovery Act).



Notification of Regulatory Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
SEP - 9 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

TXR000032888

II. Name of Installation (Include company and specific site name)

CRAIG'S COLLISION HALTOM

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4920 BEACH STREET

Street (Continued)

City or Town

FORT WORTH

State

Zip Code

TX 76137-

County Code

County Name

TARRANT

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

MCCLINTIC

TED

Job Title

Phone Number (Area Code and Number)

VICE PRESIDENT

317-630-5030

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

500 EAST OHIO STREET

City or Town

State

Zip Code

INDIANAPOLIS

IN 46204-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

COLLISION TEAM OF AMERICA

Street, P.O. Box, or Route Number

500 EAST OHIO STREET

City or Town

State

Zip Code

INDIANAPOLIS

IN 46204-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

317-630-5030

P

P

Yes

No

11/01/99

ID- For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other, specify _____
3. Treater, Storer, Disposer (at installation). Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner. Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter. Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner. Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☐
- F005 F003

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
D001	D008	D018	D022	D028	
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Vice President

Date Signed

8/10/99

XI. Comments

Operations Begin 11/1/99

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)